

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____

ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

VEZA Telecom, Inc.

Application for a certificate
of interexchange authority to
operate as a reseller of
telecommunications services
in the entire state of
Illinois.

080370

CHIEF CLERK'S OFFICE

2008 JUN -9 A 10:33

ILLINOIS
COMMERCE COMMISSION

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 26-0423521

VEZA Telecom, Inc.

Address: Street 110 Mansell Circle, #107

City Roswell

State/Zip GA/30075

2. Authority Requested: (Mark all that apply) 13-403 Facilities Based Interexchange

☒ 13-404 Resale of Local and/or Interexchange

13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒

Part 710 Uniform System of Accounts for Telecommunications Carriers
Applicant requests waiver of Part 710 since it is a competitive carrier and compliance with Part 710 requirements would be overly burdensome to Applicant.

☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,

Termination of Service and Issuance of Telephone Directories for

Local Exchange Telecommunications Carriers in the State of Illinois

Applicant requests waiver of Part 735 since they do not apply to interexchange carriers and Applicant only seeks to provide interexchange services.

☒ Section 735.180 Directories

Applicant requests waiver of Part 735 since they do not apply to interexchange carriers and Applicant only seeks to provide interexchange services.

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

5. In what area of the state does the Applicant propose to provide service?

6. Please attach a sheet designating contact persons to work with Staff on the following:

7. Please check type of organization?

9. List jurisdictions in which Applicant is offering service(s).

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES ☒ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ____ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Applicant requests permission to keep its books and records for Illinois at its location at 110 Mansell Circle, #107, Roswell, GA, since maintaining offices in Illinois would be overly burdensome.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Attached hereto as Exhibit C.

15. List officers of Applicant.

Maria Alfieri _____

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES ☒ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Description attached hereto as Exhibit D.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Description attached hereto as Exhibit E.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ____ NO

20. What telephone number(s) would a customer use to contact your company?

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒

YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?
Attached hereto as Exhibit F.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

N/A. Applicant is a reseller of interexchange services only.

☐ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒

YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. Attached hereto as Exhibit G.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Applicant has not yet chosen the carriers whose services it intends to resell. Applicant will notify the Commission when it selects underlying carrier(s).

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Applicant will be a provider of "1+" long distance toll services on a post-paid

basis. Applicant intends to have both business and residential customers.


28. Will technical personnel be available at all times to assist customers with service problems?

☒

YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e)

unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? X YES NO



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Georgia)
County of Fulton)ss

Maria Alfieri makes oath and says that he is President
(Insert here the name of affiant) (Insert the official title of the affiant)
VEZA Telecom, Inc.
of _____
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

[Signature]
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Fulton County Notary
(Title of person authorized to administer oaths)

in the State and County above named, this 2 day of June, 2008

[Signature]
(Signature of person authorized to administer oath)